2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

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Entity Name: AS TWO BECOME ONE FLORIDA EVENTS, LLC

Current Principal Place of Business:

88 BERWICK CIRCLE
SHALIMAR, FL 32579

New Principal Place of Business:

2124 CALLE DE CASTELAR
NAVARRE, FL 32566 US

Current Mailing Address:

88 BERWICK CIRCLE
SHALIMAR, FL 32579

New Mailing Address:

2124 CALLE DE CASTELAR
NAVARRE, FL 32566

FEI Number: 20-1337391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GROGG, SAVANNAH
88 BERWICK CIRCLE
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

GROGG, SAVANNAH
2124 CALLE DE CASTELAR
NAVARRE, FL 32566 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 04/28/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GROGG, SAVANNAH
Address: 88 BERWICK CIRCLE
City-St-Zip: SHAILMAR, FL 32579

Title: MGRM ( ) Delete
Name: GROGG, MICHAEL E
Address: 88 BERWICK CIRCLE
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GROGG, SAVANNAH
Address: 2124 CALLE DE CASTELAR
City-St-Zip: NAVARRE, FL 32566

Title: MGRM (X) Change ( ) Addition
Name: GROGG, MICHAEL E
Address: 2124 CALLE DE CASTELAR
City-St-Zip: NAVARRE, FL 32566

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SAVANNAH GROGG MGRM 04/28/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date